



# Unincorporated Organization Certificate of Authority (Commercial Credit Card Account)

I, the undersigned, hereby certify that I am the City Clerk and custodian of the records of City of Leesburg (the "Organization"), that the following is a true and correct copy of certain resolutions duly adopted by the board of trustees or other governing body of the Organization at a meeting duly held on the 16 day of December, 2013 at which a quorum was present and acting, and that the following resolutions are in conformity with the charter and by-laws of the Organization and have not since been rescinded or modified.

RESOLVED that the Organization enter into a commercial credit card account ("Card Account") relationship with SunTrust Bank ("Bank") and that any two (number required) of the individuals listed below:

**Print Name**

**Title**

Brenda Todtenhagen

Accounting Operations Supervisor

Megan Wallace

Accountant I

Susan Jacobs

Accounting Specialist

James Williams

Deputy Finance Director

Is (are) authorized to enter into, and execute and deliver on behalf of this Organization any agreements, documents, or other instruments the Bank may require in order to establish and administer the Card Account, and that this Organization shall be bound by the terms and conditions of said agreements, documents, or other instruments as the same may be amended from time to time.

FURTHER RESOLVED, that the undersigned is (are) authorized and directed to furnish the Bank a certified copy of these resolutions, which resolutions shall continue in full force and effect until written notice of modification or revocation of the same has been received by the Bank and the Bank has had reasonable time to act on such notice, and to furnish to the Bank the names and specimen signature of the authorized person(s) named herein, and those persons from time to time holding such positions.

I hereby certify that the following are the names and specimen signatures of the authorized person(s) designated in the foregoing resolutions and that each presently holds that title indicated and has full authority for all acts noted herein.

**Print Name**

**Title**

**Signature**

David Knowles

Mayor

Al Minner

City Manager

William Spinelli

Finance Director

IN WITNESS WHEREOF I have hereunto subscribed my name and affixed the seal of said Organization this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

(Organization Seal)

Signature \_\_\_\_\_

City Clerk

Title \_\_\_\_\_

**EXHIBIT A TO ACH SERVICE SCHEDULE**

This is an exhibit to the Automated Clearing House or "ACH" service schedule. Terms that are defined in the ACH service schedule have the same meanings when used in this exhibit. By completing, signing and giving this exhibit to us, you are instructing us to include in your setup for ACH service the designated accounts, authorized representatives and third party processors, as indicated in the following tables.

**Client Name**  
City of Leesburg

**Section I: Account Numbers** – List below all account numbers to be used as a settlement source of debits or credits for entries.

1. 0133026706959	2. 0133017503202	3. _____
4. _____	5. _____	6. _____

**Section II: Authorized Representative(s)**—Provide the information requested in the following table for each person who is to be an authorized representative. You must select one or both of the checkboxes in the table for each authorized representative in order to give that authorized representative the appropriate authorities. If no checkboxes are selected, an authorized representative will not be given any authorities. See instructions for further details.

Name	Phone Number	After Hours Phone Number	Authorized to	
			Submit Reversals/ Deletions	Submit Control Totals*
1. BRENDA TODTENHAGEN	352-728-9786	EXT 1421	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2. WILLIAM SPINELLI	352-728-9786	EXT 1410	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
3. JOHN VAN HORN	352-728-9786	EXT 1486	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
4. JAMES WILLIAMS	352-728-9786	EXT 1411	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.			<input type="checkbox"/>	<input type="checkbox"/>
6.			<input type="checkbox"/>	<input type="checkbox"/>

\*OTM Pass-Through or existing Direct Transmission clients only

**Section III: Third-Party Processor** You request that the following third-party processor deliver or transmit entries to us on your behalf. You shall be responsible for all acts and/or omissions of such third-party processor. We may elect not to accept your designation of a third-party processor to deliver or transmit entries to us on your behalf.

Name	Phone Number		
Address	City	State	Zip Code

This exhibit has been signed and delivered on your behalf by the person whose name is printed below. That person represents and warrants to us that he or she is your authorized representative and that you have taken all action required by your organizational documents to authorize him or her to sign and deliver this exhibit on your behalf. This exhibit completely replaces any other ones you have given us in the past with respect to the ACH service. Any designated account, authorized representatives or third-party processors currently included in your setup for ACH service not listed on this exhibit will be deleted.

A duplicate or copy of this signed exhibit delivered by you through facsimile or email attachment shall be as effective and enforceable as an original manually signed exhibit. A digital, electronic or photo static image of this signed document maintained in the SunTrust record retention system shall be as effective and enforceable as an original manually signed exhibit.

Client Name	Authorized Signature		Date
City of Leesburg			
Name	Title		Telephone Number
Street Address	City	State	Zip Code
501 W. Meadow Street	Leeburg FL 34748		
Mailing Address	City	State	Zip Code
PO BOX 490630	LEESBURG FL 34749-0630		

**Bank Use Only**

ACH Name	Relationship ID Number	Date Received
City of Leesburg	FLCTYLEESBURG 001	

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## CLIENT INSTRUCTIONS FOR COMPLETING EXHIBIT A TO ACH SERVICE SCHEDULE

Please use the instructions below to complete the ACH Service Schedule Exhibit A. The purpose of the exhibit is to: document the account numbers for the accounts for which you need ACH origination capabilities document your representatives who are authorized to report your ACH file totals and/or to request deletions or reversals and document any third-party processor you use. Any time you need to request a change to the designated accounts to your authorized representatives or to your third-party processor you will need to complete a new Exhibit A. The newly executed Exhibit A will entirely replace any previously submitted Exhibit A.

If you have any questions please do not hesitate to contact your Treasury Management Officer or Client Services Specialist for assistance.

### Tips for Completing Exhibit A

- If you are modifying an existing Exhibit A, list *all* (not just new) accounts for which you need ACH origination capability and persons you wish to be an Authorized Representatives.
- Phone numbers listed for each user will be used by SunTrust Operations to contact you should there be any problems regarding your ACH file. If this information is incorrect, we may be unable to process your file.
- The signer of the Exhibit A must be authorized to sign agreements on behalf of the company according to the Corporate Resolution for deposit accounts or Delegation of Authority for Treasury Management Services.
- If you need to list more than six accounts on the Exhibit A, attach the Addendum to ACH Service Schedule –Exhibit A.
- If you need to list more Authorized Representatives than there is space for on the Exhibit A, please complete additional Exhibit 'A's as needed.

### Section I

**Account Numbers**—List only the account numbers for which you will originate ACH transactions.

### Section II

**Name.** List the name of each of your authorized representatives. Authorized representatives may act on your behalf in different capacities. They may: (1) request ACH deletions or reversals and/or (2) verify ACH file totals. The capacities for which they're authorized relate directly to the day-to-day activities associated with using ACH origination capabilities. As a result, we recommend that you include only individuals involved in your ACH operations, either in submitting reversal/deletion requests or control totals for files.

Depending upon the size of your organization or your operating hours, you may choose to include additional representatives for coverage in the event we are unable to reach your primary ACH contacts. Failure to provide available, knowledgeable contacts may result in a file not being processed in a timely manner.

**Phone Number.** Indicate each authorized representative's telephone number including area code and extension. Please also list an after hours telephone number for use in cases where an individual needs to be reached outside of regular business hours.

**Checkboxes.** Please note: You must select one or both of the checkboxes in this section for each authorized representative in order to give that authorized representative the appropriate authorities (Reversal/deletion requests or control totals reporting). At least one authorized representative must be selected to request reversals or deletions.

**Reversals/Deletions.** All clients, regardless of the method in which they send ACH files to us, may need to request the deletion or reversal of an ACH file or transaction. If this option is checked, your authorized representatives are given authority to submit reversal/deletion requests on your behalf.

**Control Totals.** You should only check this box if you send ACH files to SunTrust through Online File Transfer, the Pass-Through option in Online Treasury Manager, or by existing dial-up Data Transmission.

Clients are required to enter file control totals using the Voice Response Unit (VRU, also known as "PAL") prior to submitting the file to SunTrust. Files requiring control totals will not be processed if the totals do not match the transmitted file. If this option is checked on the Exhibit A, an authorized representative is given the authority to enter control totals into the PAL VRU and is individually assigned PIN numbers for the purpose.

### Section III

**Third-Party Processor.** If you have contracted with a third-party processor (TPP) to submit ACH files on your behalf, enter the TPP's name, telephone number and address in this section.

Some clients choose to contract with a TPP who will take payment/collection information from them and create ACH files on their behalf. The TPP will send that file to SunTrust on the client's behalf and will be responsible for submitting any applicable file totals.

If you are sending in the file directly to us, you do not need to complete this section. Simply leave it blank.

### Section IV

**Client Signature.** Enter the following information: Client name, Name of Authorized Signer and Title, Address and Phone number.

**The individual listed in this section must either be listed on your Corporate Resolution for deposit accounts or on the Delegation of Authority for Treasury Management Services. This person is not required to be one of the authorized representatives listed in the above section.**

Please provide a physical street address for mailing of PIN numbers for control totals. PIN numbers can not be mailed to a post office box.



## Deposit Account Resolution And Authorization For Business Entities

### I. Business Entity Account Information

Name	City of Leesburg, Florida	Business Type	Pf State Local	Florida
Taxpayer Identification Number	596000362	Date Resolution and Authorization Adopted	12/16/2013	
Account Number(s)	133017503202, 133026706959, 1000145151667			

The undersigned in Section IX or X hereby certify to SunTrust Bank ("Bank") that the above named Business Entity is organized and existing under the laws of the State of Florida and has been registered in the manner prescribed by law and is currently in full compliance with all requirements relating to its organization and continued existence under applicable law.

These resolutions and authorizations apply to the above referenced deposit account(s) (hereinafter "Account") currently open with the Bank and any additional Accounts opened in the future in the name of the Business Entity. For purposes of this resolution and authorization, Accounts will include any certificates of deposit in the name of the Business Entity. These resolutions and authorizations shall remain in full force and effect until written notice in a form acceptable to the Bank of their rescission or modification certified by the appropriate authorized individual(s) applicable to the Business Entity has been received by Bank and the Bank has had a reasonable time to act on said change. Receipt of such notice shall not affect any action taken by Bank prior thereto and Bank shall be held harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the acts or instructions of any individual so certified or authorized in these resolutions to sign by delegation of authority in accordance herewith or refusing to honor any signature not so certified or authorized.

### II. Authority to sign, act, give instructions, access information, use Bank's services, perform transactions, enter into agreements and delegate authority on behalf of Business Entity

Resolved, that Bank be and is hereby designated a depository for the Business Entity; that any one of the individuals or entities named in Section III below is an "Authorized Signer" and is authorized to act, give instructions, access information, use Bank's services, and perform transactions on behalf of Business Entity with respect to any Accounts of Business Entity with Bank or services provided to Business Entity by the Bank, to enter into on behalf of the Business Entity any of Bank's agreements including checking, savings, certificates of deposit, wire or electronic funds transfer, night deposit, cash management, or other treasury management services agreements and to delegate to any other individual or entity his or her authority to act, give instructions, access information, use Bank's services, perform transactions, and enter into agreements on behalf of the Business Entity, including agreements that delegate his or her authority to other individuals or entities with respect to the Business Entity's Accounts or Bank's services; that the Business Entity shall be bound by the terms and conditions of all such agreements and Bank's Rules and Regulations for Deposit Accounts related thereto, all as now existing or as amended from time to time; and that any Authorized Signer named in Section III, is authorized on behalf of this Business Entity to sign and to endorse for deposit, negotiation or collection, any and all checks, drafts, certificates of deposit, savings certificates, items or other instruments or written orders for the payment of money payable by or to the order of this Business Entity. Signatures and endorsements, if any, may be in writing, by stamp, or otherwise affixed, with or without designation or signature of the person so endorsing, it being understood that all prior endorsements on such items are guaranteed by this Business Entity, regardless of the lack of an express guarantee in the endorsement of this Business Entity.

Further Resolved, Bank is hereby directed to honor, pay and charge to the Accounts of this Business Entity, without inquiry as to the circumstances of the issuance or application of the proceeds of, any checks, drafts, items or other written orders on any of this Business Entity's Accounts with Bank, whether payable to, endorsed or negotiated by or for the credit of any person signing the same or any other of the Authorized Signers named in Section III when signed by any of the Authorized Signers named in Section III.

### III. Officers/Owner/General Partners/Members/Managers/Governors authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate authority on behalf of the Business Entity

The full name, title, and signature of each person authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate his or her authority on behalf of the Business Entity as described in the resolutions set forth in this document is immediately below. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity is entered in the column headed "Name", applicable title of General Partner, Member or Manager is entered in the column headed "Title", and the name of the individual signing on behalf of that entity and individual's title or position are entered in the column headed "Signature" and the individual signs directly underneath his/her name and title. The individual must provide a resolution on that entity reflecting the individual's authority.]

Name	Title	Signature
Al Minner	City Manager	
William Spinelli	Finance Director	
David Knowles	Mayor	

**IV. Facsimile Signatures (Complete this section only if machine or facsimile stamped signatures are to be used on items.)**

Further Resolved, that Bank is hereby requested, authorized and directed to honor any check, draft, item or other written order on any of this Business Entity's Accounts with Bank when bearing or purporting to bear the following authorized machine or facsimile signature of any of the above named individuals whose signatures are reproduced below, regardless of by whom or by what means the actual or purported machine or facsimile signatures may have been affixed. The Business Entity shall indemnify and hold the Bank harmless from any and all claims, expenses, losses, damages and costs, including attorneys' fees, resulting from, or growing out of the Bank's honoring the facsimile signature of any of the following individuals, its refusal to honor any facsimile signature of an individual not named below, or resulting from the unauthorized use of the instrument used to provide the facsimile signatures by persons other than authorized individuals.

**Name of Authorized Signer Listed in Section III**

**Machine or Facsimile Stamped Signature of Authorized Signer**

**V. Additional Signatories on Business Entity's Accounts**

Further resolved, the following individual(s) are authorized as additional signatories only to sign and to endorse for deposit or collection any checks, drafts, or other instruments or written orders for the payment of money payable to the order of the Business Entity and to sign checks, drafts, items or other written orders, and initiate wire or funds transfers and execute Bank's Funds Transfer Authorization wire request and disclosure form on any of the Business Entity's Accounts with Bank. [Instruction: If an additional signatory is not authorized to sign on all Accounts, specify the Account Number applicable to the signatory as indicated below.] **Refer to the Signature Card(s) on the Account(s) for signatures of the Additional Signatories.**

**Additional Signatory's Name**

**Position with Entity**

**Specific Deposit Account Number(s) Applicable to Signatory**  
(Complete only if signatory is not authorized on all accounts)

**VI. Qualification Certification for Public Fund, Organization, Political Organization, Homeowners and Condominium Owners Association or Corporation Not Operated for Profit to earn interest on a checking account (NOW Account)**

Mark this section with an "X" only if Business Entity is eligible to earn interest on a checking account.

☐ I/We further certify that the above named Business Entity is eligible to earn interest on a checking account (referred to as a Negotiable Order of Withdrawal or NOW Account) in compliance with Regulation D of the Federal Reserve Act (12CFR 204) as a Public Fund or a Non-Profit Organization that is operated primarily for Religious, Philanthropic, Charitable, Educational, Political or other similar purposes under one of the following sections: Organization – Section 501 (C) (3) through (13), and (19) of the Internal Revenue Code (26 USC (IRC 1954) 501 (C) (3) – (13) and (19). Political Organization – Section 527 of the Internal Revenue Code (26 USC (IRC 1954) 527). Homeowners and Condominium Owners Associations – Section 528 of the Internal Revenue Code (26 USC (IRC 1954) 528).

**VII. Power to Act**

The undersigned certifies that there are no limits to the undersigned's powers to adopt this Authorization and to attest that the resolutions stated herein are accurate and that this Deposit Account Resolution and Authorization is in conformity with the provisions of the organizational instruments, which include the Business Entity's charter, bylaws, operating agreement, partnership agreement, shareholders' agreement or similar agreements by which the Business Entity or the undersigned party may be bound and does not violate the provisions thereof.

**VIII. Prior Acts**

All previous acts of or on behalf of the Business Entity as provided for above are hereby approved and ratified.

**IX. Certification – Corporation or Professional Corporation**

I, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions and authorizations are in full force and effect and have not been amended or rescinded.

In witness whereof, I have hereunto subscribed my name and affixed the seal of the Corporation this \_\_\_\_ day of \_\_\_\_, \_\_\_\_.

(Affix Seal here, if available)

**Authorized Signature**

**Name and Title of President, Secretary, Assistant Secretary or Other Officer as designated in the Corporation's Bylaws**

User ID UGLW121

Account Number \_\_\_\_\_




**X. Certification - Limited Liability Company, Partnership, Public Fund, Sole Proprietorship, Unincorporated Organization or Association, or Other Entity**

I/We, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions are in full force and effect and have not been amended or rescinded. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity and the word "By" are entered in the column headed "Signature"; the individual signing on behalf of that entity signs directly below the name of the entity; and the name of the individual and individual's title or position are entered in the column headed "Title". The individual must provide a resolution on that entity reflecting the individual's authority.]

**Signature**

**Name and Title**

**Date**

	Al Minner/City Manager	
	William Spinelli/Finance Director	
	David Knowles/ Mayor	

Signature Requirement instructions:

**The following signatures are required to complete and certify the Deposit Account Resolution and Authorization to be correct:**

- Corporations: Corporate Officers authorized to act on behalf of the corporation named in Section III should include the **President and Secretary** and any other applicable corporate officers, such as Vice President or Treasurer. The **President, Secretary, Assistant Secretary, or other corporate officer as designated in the bylaws of the corporation** is required to certify the Deposit Account Resolution and Authorization under Section IX.

-Limited Liability Companies: Section III and X require the signatures of all **members/managers/board members**, unless the Operating Agreement authorizes one or more members/managers/board members to conduct banking business, in which case the signatures of all such authorized members/managers/board members are sufficient.

- Public Fund Entities: Section III requires the signatures of individuals authorized to sign on behalf of the Public Fund Entity as **designated** by the **governing unit**, e.g., Board of County Commissioners, Mayor, Secretary of State, etc. The individual(s) authorized to **represent the governing unit** is required to certify the Deposit Account Resolution and Authorization under Section X.

-Partnerships: Section III and X require the signatures of all **General Partners**, unless the Partnership Agreement designates one or more partners to conduct banking business and perform banking transactions. In such cases, the designated general partner(s) are named in Section III as the **General Partners** authorized to act on behalf of the entity and these same General Partners will certify the Deposit Account Resolution and Authorization under Section X.

-Sole Proprietorships: Section III and X require the signature of the proprietor (owner) or in the case of a spousal proprietorship, the signatures of the husband and wife who own the Business Entity.

-Unincorporated Organizations or Associations: Section III requires the signatures of the **Officers or Positions** designated in the Organization or Association's bylaws or charter as authorized to act on behalf of the organization or association. The **President or Secretary** of the organization or association (or other individual designated to do so) is required to certify the Deposit Account Resolution and Authorization under Section X.

**Bank Use Only**

Prepared By	<b>LaReena J Watters</b>	Phone Number	<b>407-237-4642</b>
Center Name	<b>Non For Profit &amp; Governmental Banking</b>	Center Number	<b>2154118</b>
Account Number(s)	<b>133017503202, 133026706959, 1000145151667</b>	Verification Method	

User ID \_\_\_\_\_

Account Number \_\_\_\_\_



## Business Account Signature Card

Account Title **City of Leesburg, FL**

Region **031**

Account Number **133026706959, 133017503202,  
1000145151667, 1000091125210**

Type of Organization **Municipalities**

Verification/Tax Identification No. **59-8000362**

Authorized Signature(s)

\_\_\_\_\_  
Signature 1

Name/Title Al Minner/ City Manager

\_\_\_\_\_  
Signature 2

Name/Title William Spinelli/ Finance Director

\_\_\_\_\_  
Signature 3

Name/Title David Knowles/ Mayor

\_\_\_\_\_  
Signature 4

Name/Title \_\_\_\_\_

\_\_\_\_\_  
Signature 5

Name/Title \_\_\_\_\_

\_\_\_\_\_  
Signature 6

Name/Title \_\_\_\_\_

Date Opened

Date Revised

Reason

Center

Officer Number

ID

Work Phone

By

☐ New

☐ Replacement

☐ Change

SunTrust Bank ("Bank")

It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained.

### Check Appropriate Box:

☐ Individual / Sole Proprietor ☐ Corporation ☐ Partnership

☐ Limited Liability Company

Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) \_\_\_\_\_

☐ Other (See Instructions.) \_\_\_\_\_

☐ Exempt payee

**Certification—Under penalties of perjury, I, as authorized agent of the Depositor certify that:**

- 1) Error! Reference source not found. is the correct taxpayer identification number for the Depositor (or the Depositor is waiting for a number to be issued), and
- 2) The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and
- 3) The depositor is a U.S. citizen or other U.S. person (defined in the instructions).

**Certification Instructions.** You must cross out item 2 above if the depositor has been notified by the IRS that the depositor is currently subject to backup withholding because the depositor has failed to report all interest and dividends on the depositor's tax return.

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Date



## Deposit Account Resolution And Authorization For Business Entities

### I. Business Entity Account Information

City of Leesburg, FL FSA  
Name Account Business Type PF/ State Local Florida  
Taxpayer Identification Number 59-6000362 Date Resolution and Authorization Adopted 12/16/2013  
Account Number(s) 1000091124460

The undersigned in Section IX or X hereby certify to SunTrust Bank ("Bank") that the above named Business Entity is organized and existing under the laws of the State of Florida and has been registered in the manner prescribed by law and is currently in full compliance with all requirements relating to its organization and continued existence under applicable law.

These resolutions and authorizations apply to the above referenced deposit account(s) (hereinafter "Account") currently open with the Bank and any additional Accounts opened in the future in the name of the Business Entity. For purposes of this resolution and authorization, Accounts will include any certificates of deposit in the name of the Business Entity. These resolutions and authorizations shall remain in full force and effect until written notice in a form acceptable to the Bank of their rescission or modification certified by the appropriate authorized individual(s) applicable to the Business Entity has been received by Bank and the Bank has had a reasonable time to act on said change. Receipt of such notice shall not affect any action taken by Bank prior thereto and Bank shall be held harmless from any claims, demands, expenses, loss, or damage resulting from, or growing out of, honoring the acts or instructions of any individual so certified or authorized in these resolutions to sign by delegation of authority in accordance herewith or refusing to honor any signature not so certified or authorized.

### II. Authority to sign, act, give instructions, access information, use Bank's services, perform transactions, enter into agreements and delegate authority on behalf of Business Entity

Resolved, that Bank be and is hereby designated a depository for the Business Entity; that any one of the individuals or entities named in Section III below is an "Authorized Signer" and is authorized to act, give instructions, access information, use Bank's services, and perform transactions on behalf of Business Entity with respect to any Accounts of Business Entity with Bank or services provided to Business Entity by the Bank, to enter into on behalf of the Business Entity any of Bank's agreements including checking, savings, certificates of deposit, wire or electronic funds transfer, night deposit, cash management, or other treasury management services agreements and to delegate to any other individual or entity his or her authority to act, give instructions, access information, use Bank's services, perform transactions, and enter into agreements on behalf of the Business Entity, including agreements that delegate his or her authority to other individuals or entities with respect to the Business Entity's Accounts or Bank's services; that the Business Entity shall be bound by the terms and conditions of all such agreements and Bank's Rules and Regulations for Deposit Accounts related thereto, all as now existing or as amended from time to time; and that any Authorized Signer named in Section III, is authorized on behalf of this Business Entity to sign and to endorse for deposit, negotiation or collection, any and all checks, drafts, certificates of deposit, savings certificates, items or other instruments or written orders for the payment of money payable by or to the order of this Business Entity. Signatures and endorsements, if any, may be in writing, by stamp, or otherwise affixed, with or without designation or signature of the person so endorsing, it being understood that all prior endorsements on such items are guaranteed by this Business Entity, regardless of the lack of an express guarantee in the endorsement of this Business Entity.

Further Resolved, Bank is hereby directed to honor, pay and charge to the Accounts of this Business Entity, without inquiry as to the circumstances of the issuance or application of the proceeds of, any checks, drafts, items or other written orders on any of this Business Entity's Accounts with Bank, whether payable to, endorsed or negotiated by or for the credit of any person signing the same or any other of the Authorized Signers named in Section III when signed by any of the Authorized Signers named in Section III.

### III. Officers/Owner/General Partners/Members/Managers/Governors authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate authority on behalf of the Business Entity

The full name, title, and signature of each person authorized to act, give instructions, access information, use Bank's services, perform transactions, enter into agreements, and delegate his or her authority on behalf of the Business Entity as described in the resolutions set forth in this document is immediately below. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity is entered in the column headed "Name", applicable title of General Partner, Member or Manager is entered in the column headed "Title", and the name of the individual signing on behalf of that entity and individual's title or position are entered in the column headed "Signature" and the individual signs directly underneath his/her name and title. The individual must provide a resolution on that entity reflecting the individual's authority.]

Name	Title	Signature
<u>Al Minner</u>	<u>City Manager</u>	<u></u>
<u>William Spinelli</u>	<u>Finance Director</u>	<u></u>
<u>David Knowles</u>	<u>Mayor</u>	<u></u>
<u></u>	<u></u>	<u></u>
<u></u>	<u></u>	<u></u>

User ID UGLW121

Account Number

**IV. Facsimile Signatures (Complete this section only if machine or facsimile stamped signatures are to be used on items.)**

Further Resolved, that Bank is hereby requested, authorized and directed to honor any check, draft, item or other written order on any of this Business Entity's Accounts with Bank when bearing or purporting to bear the following authorized machine or facsimile signature of any of the above named individuals whose signatures are reproduced below, regardless of by whom or by what means the actual or purported machine or facsimile signatures may have been affixed. The Business Entity shall indemnify and hold the Bank harmless from any and all claims, expenses, losses, damages and costs, including attorneys' fees, resulting from, or growing out of the Bank's honoring the facsimile signature of any of the following individuals, its refusal to honor any facsimile signature of an individual not named below, or resulting from the unauthorized use of the instrument used to provide the facsimile signatures by persons other than authorized individuals.

**Name of Authorized Signer Listed in Section III**

**Machine or Facsimile Stamped Signature of Authorized Signer**

**V. Additional Signatories on Business Entity's Accounts**

Further resolved, the following individual(s) are authorized as additional signatories only to sign and to endorse for deposit or collection any checks, drafts, or other instruments or written orders for the payment of money payable to the order of the Business Entity and to sign checks, drafts, items or other written orders, and initiate wire or funds transfers and execute Bank's Funds Transfer Authorization wire request and disclosure form on any of the Business Entity's Accounts with Bank. [Instruction: If an additional signatory is not authorized to sign on all Accounts, specify the Account Number applicable to the signatory as indicated below.] **Refer to the Signature Card(s) on the Account(s) for signatures of the Additional Signatories.**

**Additional Signatory's Name**

**Position with Entity**

**Specific Deposit Account Number(s) Applicable to Signatory**  
(Complete only if signatory is not authorized on all accounts)

**VI. Qualification Certification for Public Fund, Organization, Political Organization, Homeowners and Condominium Owners Association or Corporation Not Operated for Profit to earn interest on a checking account (NOW Account)**

Mark this section with an "X" only if Business Entity is eligible to earn interest on a checking account.

☐ I/We further certify that the above named Business Entity is eligible to earn interest on a checking account (referred to as a Negotiable Order of Withdrawal or NOW Account) in compliance with Regulation D of the Federal Reserve Act (12CFR 204) as a Public Fund or a Non-Profit Organization that is operated primarily for Religious, Philanthropic, Charitable, Educational, Political or other similar purposes under one of the following sections: Organization – Section 501 (C) (3) through (13), and (19) of the Internal Revenue Code (26 USC (IRC 1954) 501 (C) (3) – (13) and (19). Political Organization – Section 527 of the Internal Revenue Code (26 USC (IRC 1954) 527). Homeowners and Condominium Owners Associations – Section 528 of the Internal Revenue Code (26 USC (IRC 1954) 528).

**VII. Power to Act**

The undersigned certifies that there are no limits to the undersigned's powers to adopt this Authorization and to attest that the resolutions stated herein are accurate and that this Deposit Account Resolution and Authorization is in conformity with the provisions of the organizational instruments, which include the Business Entity's charter, bylaws, operating agreement, partnership agreement, shareholders' agreement or similar agreements by which the Business Entity or the undersigned party may be bound and does not violate the provisions thereof.

**VIII. Prior Acts**

All previous acts of or on behalf of the Business Entity as provided for above are hereby approved and ratified.

**IX. Certification – Corporation or Professional Corporation**

I, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions and authorizations are in full force and effect and have not been amended or rescinded.

In witness whereof, I have hereunto subscribed my name and affixed the seal of the Corporation this \_\_\_\_ day of \_\_\_\_, \_\_\_\_.

(Affix Seal here, if available)

**Authorized Signature**



**Name and Title of President, Secretary, Assistant Secretary or Other Officer as designated in the Corporation's Bylaws**

User ID UGlw121

Account Number \_\_\_\_\_

**X. Certification - Limited Liability Company, Partnership, Public Fund, Sole Proprietorship, Unincorporated Organization or Association, or Other Entity**

I/We, the undersigned, hereby certify to Bank that the above is a true copy of resolutions and authorizations of said Business Entity and that such resolutions are in full force and effect and have not been amended or rescinded. [Instruction: If the General Partner, Member or Manager is also an entity (e.g., a corporation, LLC, or partnership), the name of the entity and the word "By" are entered in the column headed "Signature"; the individual signing on behalf of that entity signs directly below the name of the entity; and the name of the individual and individual's title or position are entered in the column headed "Title". The individual must provide a resolution on that entity reflecting the individual's authority.]

Signature	Name and Title	Date
	<u>Al Minner/ City Manager</u>	
	<u>William Spinelli/ Finance Director</u>	
	<u>David Knowles/Mayor</u>	

Signature Requirement instructions:

**The following signatures are required to complete and certify the Deposit Account Resolution and Authorization to be correct:**

- Corporations: Corporate Officers authorized to act on behalf of the corporation named in Section III should include the **President and Secretary** and any other applicable corporate officers, such as Vice President or Treasurer. The **President, Secretary, Assistant Secretary, or other corporate officer as designated in the bylaws of the corporation** is required to certify the Deposit Account Resolution and Authorization under Section IX.

-Limited Liability Companies: Section III and X require the signatures of all **members/managers/board members**, unless the Operating Agreement authorizes one or more members/managers/board members to conduct banking business, in which case the signatures of all such authorized members/managers/board members are sufficient.

- Public Fund Entities: Section III requires the signatures of individuals authorized to sign on behalf of the Public Fund Entity as **designated** by the **governing unit**, e.g., Board of County Commissioners, Mayor, Secretary of State, etc. The individual(s) authorized to **represent the governing unit** is required to certify the Deposit Account Resolution and Authorization under Section X.

-Partnerships: Section III and X require the signatures of all **General Partners**, unless the Partnership Agreement designates one or more partners to conduct banking business and perform banking transactions. In such cases, the designated general partner(s) are named in Section III as the **General Partners** authorized to act on behalf of the entity and these same General Partners will certify the Deposit Account Resolution and Authorization under Section X.

-Sole Proprietorships: Section III and X require the signature of the proprietor (owner) or in the case of a spousal proprietorship, the signatures of the husband and wife who own the Business Entity.

-Unincorporated Organizations or Associations: Section III requires the signatures of the **Officers or Positions** designated in the Organization or Association's bylaws or charter as authorized to act on behalf of the organization or association. The **President or Secretary** of the organization or association (or other individual designated to do so) is required to certify the Deposit Account Resolution and Authorization under Section X.

**Bank Use Only**

Prepared By	<u>LaReena J Gerome</u>	Phone Number	<u>407-237-4642</u>
Center Name	<u>Non for Profit &amp; Institutional Banking</u>	Center Number	<u>2154118</u>
Account Number(s)	<u>1000091124460</u>	Verification Method	

User ID UGLW121 Account Number \_\_\_\_\_



## Business Account Signature Card

**Account Title** **City of Leesburg, FL**  
FSA Account

**Region** **031**  
**Account Number** **1000091124460**

Type of Organization Municipalities

Verification/Tax Identification No. 59-6000362

Authorized Signature(s)

Signature 1 \_\_\_\_\_

Name/Title Al Minner/ City Manager

Signature 2 \_\_\_\_\_

Name/Title William Spinelli/ Finance Director

Signature 3 \_\_\_\_\_

Name/Title David Knowles/Mayor

Signature 4 \_\_\_\_\_

Name/Title \_\_\_\_\_

Signature 5 \_\_\_\_\_

Name/Title \_\_\_\_\_

Signature 6 \_\_\_\_\_

Name/Title \_\_\_\_\_

Date Opened

Date Revised

Reason

Center

Officer Number

ID

Work Phone

By

☐ New

☐ Replacement

☐ Change

SunTrust Bank ("Bank")

It is agreed that all transactions between the Bank and the entity listed in the above Account Title ("Depositor") shall be governed by the rules and regulations for this account and the above signed as the authorized agent(s) of the Depositor hereby acknowledge(s) receipt of such rules and regulations and the funds availability policy. The Depositor also acknowledges the funds availability policy has been explained.

### Check Appropriate Box:

- ☐ Individual / Sole Proprietor      ☐ Corporation      ☐ Partnership  
☐ Limited Liability Company  
Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) \_\_\_\_\_  
☐ Other (See Instructions.) \_\_\_\_\_  
  
☐ Exempt payee

### Certification—Under penalties of perjury, I, as authorized agent of the Depositor certify that:

- 1) Error! Reference source not found. is the correct taxpayer identification number for the Depositor (or the Depositor is waiting for a number to be issued), and
- 2) The Depositor is not subject to backup withholding because: (a) the Depositor is exempt from backup withholding, or (b) the Depositor has not been notified by the Internal Revenue Service (IRS) that it is subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified the Depositor that it is no longer subject to backup withholding, and
- 3) The depositor is a U.S. citizen or other U.S. person (defined in the instructions).

**Certification Instructions.** You must cross out item 2 above if the depositor has been notified by the IRS that the depositor is currently subject to backup withholding because the depositor has failed to report all interest and dividends on the depositor's tax return.



Date \_\_\_\_\_



## Addendum for a Legal Entity

Client Name: City of Leesburg

This Addendum for a Legal Entity is an addendum to the Agreement dated December 16, 2013, establishing the Account on behalf of Client, who is a/an:

- ☐ Trust governed under the laws of \_\_\_\_\_. Attached is the governing trust instrument to demonstrate the appointment and authorization of \_\_\_\_\_ as the (co-) fiduciary(ies) of the \_\_\_\_\_ Trust.
- ☐ Corporation established under the laws of \_\_\_\_\_. Attached is a resolution of the Board of Directors of Client, certified by the Corporate Secretary.
- ☐ Partnership, which is a ☐ General Partnership or a ☐ Limited Partnership established under the laws of \_\_\_\_\_. Attached is a certified copy of the Partnership Agreement, Certificate of Partnership, or Partnership Resolution showing that the Signing Party(ies) to the Agreement (and the Signing Party(ies) to this Addendum) is a (are) general partner(s) of Client.
- ☐ Limited Liability Company established under the laws of \_\_\_\_\_. Attached is a certified copy of the Operating Agreement which provides the names of the managing member(s) of Client or that the Signing Party(ies) to the Agreement (and the Signing Party(ies) to this Addendum is/are) is/are otherwise authorized to act on behalf of Client. A sole proprietor shall provide a copy of the proprietorship business license and the "doing business as" certificate if applicable.
- ☐ Board or Board of Trustees ("Board") for government entity or union. Attached is a Resolution by the Board of Client, certified by the Board's Secretary, which provides the names of those authorized to act on behalf of and bind Client.
- ☒ Other: **Municipality**. Attached is a **Resolution #** which provides such authorization of the Signing Party(ies) to the Agreement (and of the Signing Party(ies) to this Addendum) with regard to Client.

The Agreement is between Client and Bank only and requires Bank to act only on behalf of Client as described in the Agreement. It does not confer any benefits upon any other parties notwithstanding that a person may or may not be a shareholder, officer, partner, trust fiduciary, director, or member of Client or co-owner, heir, devisee, beneficiary, or ward of a fiduciary estate.

By acting pursuant to the Agreement, Bank accepts its appointment as defined in the Agreement as investment manager, custodian, agent, and attorney-in-fact engaged by Client. Bank does not accept any other form of fiduciary appointment with respect to any entity unless specifically provided in the Agreement and has no authority to interpret the document(s), law, or regulations governing Client.

Client represents that any appointment of an agent or agents or instructions given to Bank in connection with the Agreement shall be duly authorized by the governing law, resolutions, or governing documents of the entity. Client represents that the Signing Party(ies) executing this Addendum, and the Signing Party(ies) to the Agreement, if executed simultaneously, is/are authorized to bind Client to the terms of the Agreement as indicated above.

**By the signature(s) below**

Print Name and Title	Signature	Date
Al Minner, City Manager		
affirm(s) this Addendum for a Legal Entity and confirm(s) the authorization of the listed person(s) in this Addendum.		

**Addendum Accepted and Agreed to by Bank**

Print Name and Title	Signature	Date
Sara G. Manning, Vice President		

### Affirmation and Appointment of Agents to Give Instructions to Bank

For all purposes under the Agreement, Bank shall be entitled to rely without any duty or further inquiry upon (i) the identity and authority of such persons represented by this Addendum and (ii) the genuineness and continued accuracy and effectiveness of this Addendum until such time as Bank receives written notice of changes to this Addendum by Client.

Authorized Person (Print / Type) <b>David Knowles</b>		Signature	
Email Address <b>commissioners@leesburgflorida.gov</b>	Transaction Limit <b>\$500,000</b>	Phone Number <b>352-728-9704</b>	
Authorized to provide the following: <input checked="" type="checkbox"/> Full authority to give direction or confirmation to Bank on all matters regarding the Agreement and Account <input type="checkbox"/> Limited authority to provide the following <i>Check all that apply. If full authority is granted, none of the items below should be selected.</i> <input type="checkbox"/> Directions or confirmation for payment by check <input type="checkbox"/> Directions or confirmation for payment by wire transfer <input type="checkbox"/> Directions or confirmation for payment by ACH <input type="checkbox"/> Other: _____			
Number of persons whose authorizations is required <b>One</b>			

Authorized Person (Print / Type) <b>William Spinelli</b>		Signature	
Email Address <b>bill.spinelli@leesburgflorida.gov</b>	Transaction Limit <b>\$500,000</b>	Phone Number <b>352-728-9714</b>	
Authorized to provide the following: <input checked="" type="checkbox"/> Full authority to give direction or confirmation to Bank on all matters regarding the Agreement and Account <input type="checkbox"/> Limited authority to provide the following <i>Check all that apply. If full authority is granted, none of the items below should be selected.</i> <input type="checkbox"/> Directions or confirmation for payment by check <input type="checkbox"/> Directions or confirmation for payment by wire transfer <input type="checkbox"/> Directions or confirmation for payment by ACH <input type="checkbox"/> Other: _____			
Number of persons whose authorizations is required <b>One</b>			

Authorized Person (Print / Type)		Signature	
Email Address	Transaction Limit	Phone Number	
Authorized to provide the following: <input type="checkbox"/> Full authority to give direction or confirmation to Bank on all matters regarding the Agreement and Account <input type="checkbox"/> Limited authority to provide the following <i>Check all that apply. If full authority is granted, none of the items below should be selected.</i> <input type="checkbox"/> Directions or confirmation for payment by check <input type="checkbox"/> Directions or confirmation for payment by wire transfer <input type="checkbox"/> Directions or confirmation for payment by ACH <input type="checkbox"/> Other: _____			
Number of persons whose authorizations is required			

# APPOINTMENT OF AUTHORIZED REPRESENTATIVE(S) FORM

## Exhibit A

### APPOINTMENT OF AUTHORIZED REPRESENTATIVE(S)

I, William Spinelli, a duly elected acting Finance Director  
(Name of Authorizing Official) (Title)

of City of Leesburg a(n) Florida  
(Institution Name) (State)

Municipality, do hereby certify that the following have been appointed as  
(Type of Institution - i.e. Municipality, Corporation, etc...)

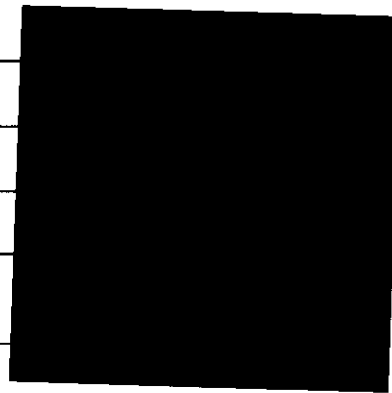
an Authorized Representative(s), at the date hereof, and are authorized to act on behalf of the above Institution in  
matters relating to \_\_\_\_\_  
(Insert name of bond issue or master financing program here)

I also certify that the signatures opposite their names are the signatures of such individuals.

<u>Name</u>	<u>Title</u>	<u>Specimen Signature</u>
James Williams	Deputy Finance Director	_____
.	.	_____
.	.	_____
.	.	_____
.	.	_____
.	.	_____

Witness my signature on this \_\_\_\_\_ day of \_\_\_\_\_

\_\_\_\_\_  
(Signature of Authorizing Official)



## **US Bank List of Accounts for City of Leesburg, Florida**

<u>Account #</u>	<u>Name</u>
134679000	Leesburg 2009 Tax Inc Rev Bds PA Reg
135351000	Leesburg Ref & Cap Impv 2009-1999
20414200	Leesburg Cap Impr Ref 2013 FDA Cust
204143000	Leesburg Utility Sys Ref 2013 FDA Cust
204144000	Leesburg Utility Sys Ref 2013 (2004)
204145000	Leesburg Cap imp Ref 2013 (2004) DS
204146000	Leesburg Utility Sys Ref 2013 ESC FD
204147000	Leesburg Cap Imp Ref 2013 ESC FD
6754421	Leesburg Util Ref 1999 AB Escrow
7903006	Leesburg Cap Impv 2004 DS FWD DEL FD
7903027	Leesburg Electric System 04 D/S
7903028	Leesburg Utility Sys 2004 DE FWD DEL

# APPOINTMENT OF AUTHORIZED REPRESENTATIVE(S) FORM

## Exhibit A

### APPOINTMENT OF AUTHORIZED REPRESENTATIVE(S)

I, William Spinelli, a duly elected City Representative of the City of Leesburg, Florida, a Municipality, do hereby certify that the following has been appointed as an Authorized Representative, at the date hereof, and is authorized to act on behalf of the above Institution in matters relating to City of Leesburg, Florida debt instruments.

I also certify that the signature opposite the name is the signature of such individual.

<u>Name</u>	<u>Title</u>	<u>Specimen Signature</u>
James Williams	Deputy Finance Director	_____
.	.	_____
.	.	_____
.	.	_____
.	.	_____
.	.	_____

Witness my signature on this 23rd day of August, 2012.

\_\_\_\_\_  
(Signature of Authorizing Official)

# Authorization Certificate

## Depository Accounts and Treasury Management Services

WELLS  
FARGO

The undersigned hereby certifies that he or she is the duly appointed  of

a

("Customer"), with authority to act on behalf of Customer, and that the following are true and correct resolutions duly adopted by Customer, in accordance with its formation and governing documents, and that these resolutions have not been in any way altered, amended or rescinded, and are now in full force and effect:

The undersigned further certifies that *(please select one option)*:

☒ **Option A:** Any one of the following named persons, whose signatures are set forth opposite their names:

Name		Signature or Facsimile Signature <sup>1</sup>
David Knowles, Mayor	X	<input type="text"/>
Al Minner, City Manager	X	<input type="text"/>
William Spinelli, Finance Director	X	<input type="text"/>
James Williams, Deputy Finance Director	X	<input type="text"/>
<input type="text"/>	X	<input type="text"/>
<input type="text"/>	X	<input type="text"/>

☐ **Option B:** Any one of the following Customer officers [designate titles only (e.g., CEO)]: (\*Incumbency Certificate Required for Option B.)

<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

<sup>1</sup> **Facsimile Signature/Logo and/or Electronic Signature.** Customer authorizes the use of facsimile signatures/logos and/or electronic signatures in connection with its agreements with, and instructions to, Bank if such is provided for on this form. Customer agrees that Bank will have no liability for accepting any agreements or instructions of Customer that bears signatures resembling Customer's facsimile signatures/logos and/or electronic signatures. Customer will provide a sample of any such signature/logo to Bank.

is individually authorized to, and to designate one or more other Customer officers, agents or employees (each such person, officer or designee a "Designee") to: (a) open or close one or more deposit and/or securities accounts (the "Accounts") with Wells Fargo Bank, National Association ("Bank"); (b) execute and deliver in Customer's name such agreement(s) regarding the Accounts and the services related thereto as a Bank may from time to time require; (c) authorize and execute transactions on the Accounts, including, without limitation, (i) signing checks and other instruments withdrawing funds from the Accounts, including those payable to cash or to persons who sign them, (ii) requesting funds transfers by Bank to and from the Accounts, (iii) entering into arrangements for the processing of automated clearing house ("ACH") debit entries and/or ACH credit entries to and from the Accounts, and (iv) endorsing on behalf of Customer, and otherwise negotiating, checks and other items payable to Customer; (d) incur overdrafts and other obligations in the Accounts at Bank in connection with any of the products, services, or activities authorized by these resolutions; and (e) invest Customer's funds on such terms and conditions as such Designee deems appropriate.

Customer is authorized to enter into any other arrangements, agreements and documents with respect to any of Bank's deposit and treasury management products and services, in such form and on such terms and conditions as may be agreed to by a Designee signing such agreements and documents.

Customer shall be bound to Bank by, and Bank may rely upon, any communication or act, including telephone communications, purporting to be done by any partner, employee or agent of Customer provided that Bank believes, in good faith, that the same is done by a person authorized to so act.

The authority hereby conferred is in addition to that conferred by any other certificate heretofore or hereafter delivered to Bank and shall continue in full force and effect until Bank shall have received notice in writing from Customer of the revocation hereof. Any such revocation shall be effective only as to actions which are taken by Customer pursuant to the certifications contained herein, subsequent to Bank's receipt of such notice. The authority hereby conferred shall be deemed retroactive, and any and all acts authorized herein which were performed prior to the execution of this certificate are hereby approved and ratified.

The undersigned further certify that the activities covered by the foregoing certifications constitute duly authorized activities of Customer; that the said certifications are now in full force and effect; and that there is no provision in any document pursuant to which Customer is organized and under which governs Customer's continued existence limiting the power of the undersigned to make the certifications set forth herein, and that the same are in conformity with the provisions of all such documents.

**ACKNOWLEDGED & AGREED TO:**

By:

Printed Name: Betty Richardson

Title: Clerk

Date: Dec 16, 2013

Tax Identification Number of Customer: 263880656

Submit Edit

**SIGNATURE AMENDMENT TO  
COMMERCIAL ACCOUNT AUTHORIZATION  
& AGREEMENT (SIGNATURE CARD)**

**WELLS  
FARGO**

Use this document to add additional/new signers or delete existing signers on an existing account(s). If updating by customer letter, attach letter and complete sections below.

Bank Name: Wells Fargo Bank		N.A.	Bank Cold #:	182
			Branch #:	01147
			AU #:	0132310

Date of Original Commercial Account Authorization & Agreement (Signature Card):	1/2012
---	--------

Accountholder/Customer Name:	City of Leesburg - Carver Heights Montclair Area
------------------------------	--

Account Numbers	2000028862943
	2000028862930

**List Authorized Signers currently on the Account(s):** (Sample signature not required. Attach separate sheet if necessary.)

Signer Name	Sanna Henderson, Mayor	Signer Name	William Spinelli, Finance Director
Signer Name	Jay Evans, City Manager	Signer Name	
Signer Name	Gladys Johnson, Deputy Finance Director	Signer Name	

**Describe Requested Change(s) to Authorized Signers:**

Action Requested (Check One)	Print Name and Title	Specimen Signature (Required only for persons being ADDED as authorized signers)
<input type="radio"/> Add <input checked="" type="radio"/> Delete	Sanna Henderson, Mayor	
<input type="radio"/> Add <input checked="" type="radio"/> Delete	Jay Evans, City Manager	
<input type="radio"/> Add <input checked="" type="radio"/> Delete	Gladys Johnson, Deputy Finance Director	

**ACKNOWLEDGEMENT & AGREEMENT**

On behalf of the Accountholder identified on the above-referenced Signature Card, I hereby certify, by my signature below, that each of the individuals identified above as a new "Authorized Signer" has the authority, acting alone, to (i) sign checks drawn on, and make cash or other withdrawals from, the Account(s), (ii) request and withdraw stop payment orders for checks drawn on the Account(s), and (iii) initiate funds transfers by ACH, wire or other means out of the Account(s) in accordance with the Accountholder's contractual arrangements with Wells Fargo regarding these services. Each of the individuals identified above as being deleted from status as an "Authorized Signer" no longer has such authority and should not be permitted to engage in transactions relating to the Account(s). I further acknowledge and agree that the changes reflected on this Amendment form shall not become effective until after this form has been received by Wells Fargo and Wells Fargo has had a reasonable opportunity to act on it. I acknowledge that the Accountholder has received a Commercial Account Agreement and agree that its terms and conditions, as amended from time to time, will govern the Account.

		Date	12/16/2013
Signature		Signature	
Name	Betty Richardson	Name	
Title	Clerk	Title	

**BANK USE ONLY**

Date Received	Banker Name	Banker Telephone	Banker MAC	
	Todd Morley	407-649-5638	Z0244-084	
AU	RAU	Officer Number	Family Name	Family Number
0132310	0132310	17972	Carver Heights - City of Leesburg	3063336

**FORWARD DOCUMENTS FOR IMAGING THROUGH SECURE MAC MAIL TO N9777-137****Submit Edits**

**SIGNATURE AMENDMENT TO  
COMMERCIAL ACCOUNT AUTHORIZATION  
& AGREEMENT (SIGNATURE CARD)**

**WELLS  
FARGO**

Use this document to add additional/new signers or delete existing signers on an existing account(s). If updating by customer letter, attach letter and complete sections below.

Bank Name: Wells Fargo Bank		N.A.	Bank CoID #:	182
			Branch #:	01147
			AU #:	0132310

Date of Original Commercial Account Authorization & Agreement (Signature Card):	1/2012
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Accountholder/Customer Name:	City of Leesburg - Carver Heights Montclair Area
------------------------------	--

Account Numbers	2000028862943
	2000028862930

**List Authorized Signers currently on the Account(s):** (Sample signature not required. Attach separate sheet if necessary.)

Signer Name	Sanna Henderson, Mayor	Signer Name	William Spinelli, Finance Director
Signer Name	Jay Evans, City Manager	Signer Name	
Signer Name	Gladys Johnson, Deputy Finance Director	Signer Name	

**Describe Requested Change(s) to Authorized Signers:**

Action Requested (Check One)	Print Name and Title	Specimen Signature (Required only for persons being ADDED as authorized signers)
<input checked="" type="radio"/> Add <input type="radio"/> Delete	David Knowles, Mayor	
<input checked="" type="radio"/> Add <input type="radio"/> Delete	Al Minner, City Manager	
<input checked="" type="radio"/> Add <input type="radio"/> Delete	James Williams, Deputy Finance Director	

**ACKNOWLEDGEMENT & AGREEMENT**  
On behalf of the Accountholder identified on the above-referenced Signature Card, I hereby certify, by my signature below, that each of the individuals identified above as a new "Authorized Signer" has the authority, acting alone, to (i) sign checks drawn on, and make cash or other withdrawals from, the Account(s), (ii) request and withdraw stop payment orders for checks drawn on the Account(s), and (iii) initiate funds transfers by ACH, wire or other means out of the Account(s) in accordance with the Accountholder's contractual arrangements with Wells Fargo regarding these services. Each of the individuals identified above as being deleted from status as an "Authorized Signer" no longer has such authority and should not be permitted to engage in transactions relating to the Account(s). I further acknowledge and agree that the changes reflected on this Amendment form shall not become effective until after this form has been received by Wells Fargo and Wells Fargo has had a reasonable opportunity to act on it. I acknowledge that the Accountholder has received a Commercial Account Agreement and agree that its terms and conditions, as amended from time to time, will govern the Account.

		Date	12/16/2013
Signature		Signature	
Name	Betty Richardson	Name	
Title	Clerk	Title	

**BANK USE ONLY**

Date Received	Banker Name	Banker Telephone	Banker MAC
	Todd Morley	407-649-5638	Z0244-084

AU	RAU	Officer Number	Family Name	Family Number
0132310	0132310	17972	Carver Heights - City of Leesburg	3063336

**FORWARD DOCUMENTS FOR IMAGING THROUGH SECURE MAC MAIL TO N9777-137**

**Submit Edits**